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November 25, 2010

J. Frederick Matz Judge
On the United States District Court for the
District of Maryland.
MDL No. 1586
Case No. 04-15863-04

Dear Judge Matz,
I received a long form notice of the
above case which listed me as:

Jerome M. Libenson, TTEE

Jerome M. Libenson, PSP

U/A DTD 5/15/1985

I enclose a copy of my 9-13-10 letter to
the claims administrator which was never
answered in writing. I did receive a
phone call from an Ellen Jordan who
worked for the Mass Fund Lawyer.
Her phone number was 212-558-1509.
She was unable to tell me the content
nor for whom I was the Trustee.

Judge Metz - Page 2

She gave me a phone number, 1-800-949-1898, for the Claim Administrator of the Garden City Group. I then spoke to Tiffany at this number. She worked for Policy and Procedure for Mass Financial whose number was 1-800-637-8255 and spoke to Sandra Shick who told me they have no record of my Social Security number. I was next directed to call the Garden City Group at 1-800-949-1898 and spoke to Mr. Kyle who told me that after a reasonable effort to locate the information, it was not available.

At no time did any of the people I wrote or spoke to state that they could identify my claim by using my ~~control~~ No. 0255 9478 91 nor my claim No. 08196 474. Why have it?

I have filed and enclose a copy of my Proof of Claim and Release which does not have the information requested on page 2 of the form.

I request your help in solving my problem. Thank you for your consideration.

Yours truly,
James M. Libenson

cc:
M75 Mutual Ward Settlement
Kardes City Group.



MFC1017825851

JEROME M LIBENSON TTEE
JEROME M LIBENSON PSP
U/A DTD 05/15/1985
1710 AVENIDA DEL MUNDO
UNIT 708
CCRONAPO CA 92118 3066

Claim No.:

08196474

Control No.:

0255948891

YOUR CLAIM AND CONTROL NUMBERS ARE ENCLOSED
WITH THE NOTICE. IF YOU DID NOT RECEIVE A NOTICE IN
THE MAIL YOU WILL BE ASSIGNED NUMBERS WHEN YOUR
CLAIM IS RECEIVED.

AND RELEASE

YOU MUST COMPLETE THIS CLAIM FORM BY DECEMBER 8, 2010 TO BE ELIGIBLE TO SHARE IN THE
\$75,042,250 SETTLEMENT.

SECTION A - CLAIMANT INFORMATION

Claimant Full Name(s) (as you would like the name(s) to appear on the check, if eligible for payment):

JEROME M LIBENSON

Account Number: (not required)

Name of the Person you would like the Claims Administrator to Contact Regarding This Claim (if different from the
Claimant Name(s) listed above):

Claimant or Representative Contact Information:

The Claims Administrator will use this information for all communications relevant to this Claim (including the check, if eligible
for payment). If this information changes, you MUST notify the Claims Administrator in writing at the address above.

Street Address:

City:

Daytime Telephone Number:

(619) 435-4665

State and Zip Code:

Evening Telephone Number:

(619) 435-4665

Country:

Last 4 digits of SSN/TIN:

5 8 1 5

Email Address:
(PRINT ONLY)

(Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

NOTICE REGARDING ELECTRONIC FILES: Claims with 50 or more yearly balances, or on behalf of 10 or more different
accounts should be submitted electronically and in the required format. To obtain the electronic filing requirements and file
layout, you may visit the website at www.mutualfundsettlements.com/mfs/electronicfiles or you may e-mail the Claims
Administrator at eClaim@gardencitygroup.com. No electronic files will be considered to have been properly submitted unless the
Claims Administrator issues an email after processing your file with your claim numbers and respective account information. Do
not assume that your file has been received or processed until you receive this email. If you do not receive such an email
within 10 days of your submission, you should contact the electronic filing department at eClaim@gardencitygroup.com to inquire
about your file and confirm it was received.

To determine your "Recognized Claim" amount, you must submit information concerning the number of shares you held in the MFS Funds during the Class Period.

Specifically, you must enter below the number of shares of each MFS Fund you held at or around each year-end (which should be contained in your year-end mutual fund statements from the relevant 1999-2003 period).

You will need to submit copies of your mutual fund statements from at or around each Class Period year-end in which you owned MFS Funds (or other documents demonstrating your ownership of the MFS Funds at or around each year-end of each year of the Class Period in which you owned MFS Funds on which you are making a claim) with your Claim Form. If you did not hold any shares as of a particular date, you do not need to submit documentation of your lack of holdings.

For additional information on the purpose of this requested information and how it will be used, please see pages 8-11 of the Long Form Notice available at www.mutualfundsettlements.com/mfs.

	1999	2000	2001	2002	2003
<i>SEE LETTER AND LIST OF PHONE CONTACTS</i>					
MFS Emerging Growth Fund					
MFS Research Fund					
MFS Value Fund					
Massachusetts Investors Trust					
Massachusetts Investors Growth Stock Fund					
MFS Total Return Fund					
MFS Government Securities Fund					
MFS Government Mortgage Fund					
MFS Capital Opportunities Fund					
MFS Utilities Fund					
MFS Mid Cap Growth Fund					
MFS Managed Sectors Fund					
MFS Growth Opportunities Fund					
MFS Large Cap Growth Fund					
MFS International Growth Fund					
MFS Global Growth Fund					

MFS Global Equity Fund					
MFS High Income Fund					
MFS Municipal Bond Fund					
MFS Strategic Value Fund					
MFS Research International Fund					
MFS New Discovery Fund					

SECTION C - RELEASE AND SIGNATURE

The Release

I (we) understand and acknowledge that, without further action by anyone, on and after the Effective Date, I (we) on behalf of myself (ourselves) and each of my (our) heirs, executors, administrators, successors, and assigns shall be deemed to have released and forever discharged each and every Released Claim as against each and every one of the Released Parties, and shall forever be barred and enjoined from commencing, instituting or maintaining any of the Released Claims against any of the Released Parties.

The defined terms in the Release (those words or phrases with initial capitalization) are defined at www.mutualfundsettlements.com under the tab "Definitions."

Signature and Certification:

1. I (we) have not filed a Request for Exclusion from the Class and I (we) do not know of any Request for Exclusion from the Class filed on my (our) behalf with respect to my (our) transactions in MFS Funds;
2. I (we) certify that I (we) (am a) ~~(are)~~ Investor Class Member(s), as defined in the Notice;
3. I (we) ~~are~~ ^{am} not acting for any of the defendants, nor am I ~~(are we)~~ such a defendant or otherwise excluded from the Investor Class;
4. I (we) have read and understand the contents of the Notice and the Proof of Claim and Release;
5. I (we) did not engage in or enable market timing or late trading activities, as those terms are described in the Notice; concerning MFS Funds during the Class Period;
6. I (we) submit to the jurisdiction of the United States District Court for the District of Maryland for purposes of investigation and discovery under the Federal Rules of Civil Procedure with respect to this Proof of Claim and Release;
7. I (we) agree to furnish such additional information with respect to this Proof of Claim and Release as the Claims Administrator or the Court may require;
8. I (we) declare under penalty of perjury under the laws of the United States of America that the foregoing information and any documents supplied by the undersigned are true and correct.

Executed this 27 day of October 2010, in CORONADO, CALIFORNIA, USA
 (Month/Year) (City) (State/Country)

Jerome M. Libenson
 (Sign your name here)

JEROME M. LIBENSON
 (Type your name here)

Capacity of Person(s) Signing, e.g.,
 Beneficial Purchaser, Executor of Administrator

Jerome M. Libenson
Attorney at Law
1710 Avenida del Mundo #708
Coronado, Ca. 92118
619-435-4665
Email: jhlibenson@sbcglobal.net

Claims Administrator

The Garden City Group Inc.

AT MFS Mutual Fund Settlement

P.O. Box 9410 Dublin, OH. 43012-4510

9-23-10

Re: USDC Maryland
#04-MD-15863-04

Gentlemen,

I received the Notice of PENDENCY and proposed settlement of the class actions in the above case. Enclosed is a copy of my claim NUMBER 08196474 and Control NUMBER 0255947891.

I am listed as:

Jerome M. Libenson TTEE
Jerome M. Libenson PSP
VIA DTD 05/15/1985

The security which is the subject of this claim appears to be over 25 years old. I request you inform me of the present value of the VLA DTD, describe it and mail me a copy of the security, and enclose the claim form.

Thank you for your cooperation.

Yours Truly
Jerome M. Libenson